

PART B - FEE(S) TRANSMITTAL

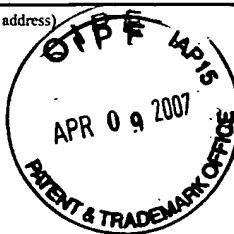
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24902 7590 01/05/2007
KENNETH J. LUKACHER
SOUTH WINTON COURT
3136 WINTON ROAD SOUTH, SUITE 301
ROCHESTER, NY 14623



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Tammy S. Moynihan	(Depositor's name)
<i>Tammy S. Moynihan</i>	(Signature)
April 5, 2007	(Date)

04/10/2007 SSITHIR 00000029 09658736

01 FC:2501 700.00 DP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/658,736	09/11/2000	James M. Zavislan	ML-0414DIV	3878

TITLE OF INVENTION: SYSTEM FOR CONFOCAL IMAGING WITHIN DERMAL TISSUE
 02 FC:8001 6.00 DP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	04/05/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
SMITH, RUTH S	3737	600-476000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **KENNETH J. LUKACHER**

2 **MARTIN LUKACHER**

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LUCID, INC.

ROCHESTER, NEW YORK

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 2

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Kenneth J. Lukacher

Date **April 5, 2007**

Typed or printed name

Kenneth J. LuKacher

Registration No. **38,539**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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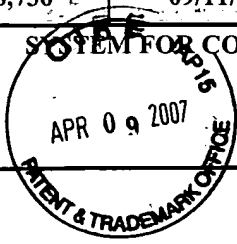
TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity)
(37 C.F.R. 1.311)

Docket No.
ML-0414DIV

Applicant(s): James M. Zavislan

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
09/658,736	09/11/2000	Ruth S. Smith	024,902	3737	3878

Invention: **SYSTEM FOR CONFOCAL IMAGING WITHIN DERMAL TISSUE**



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Transmitted herewith are the following for the above-identified application.

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- ☒ Utility Fee: \$ 700.00 ☐ Design Fee: _____ ☐ Plant Fee: _____
- ☐ Publication Fee: _____
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WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Dated: April 5, 2007

Signature

Kenneth J. LuKacher
Attorney for Applicant
Registration No. 38,539
South Winton Court
3136 Winton Road South, Suite 301
Rochester, New York 14623
Telephone: 585-424-2670
Facsimile: 585-424-6196

KJL/tsm

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